

APPLICATION FOR OFFICIAL ARIZONA VISITOR INFORMATION CENTER (AVIC) DESIGNATION

Name of City, Town or Community and full address where the AVIC will be located?								
Name of organization responsible for staffing and managing the AVIC? Please identify whether the organization is a for-profit business or a non-profit agency.								
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Descri	be how this cente	er will benefit the loca	ıl and state tourism in	ndustrv.				
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indica	Monday:	Tuesday:	peration the center w Wednesday:	Thursday:	rc. Friday:	Saturday:	Sunday:	
	Monday.	luesuay.	wednesday.	mursuay.	riiday.	Saturday.	Sulluay.	
Номи	aany nyhlis narki	ng spaces are availab	Jo2					
HOWI	nany public parkii	ng spaces are availab	ne:					
How n	nany are wheelch	air accessible?						
Number of, or are there, public restrooms available?								
Is the facility in compliance with ADA (Americans with Disabilities Act)? Please attach verification of ADA compliance with your application. (The city or county should be able to supply you with a letter or certificate noting your compliance with ADA)								
youra	pplication. (The C	ity of county should i	be able to supply you	with a letter of terr	incate noting your	compliance with AD	~ ,	
Please	describe (or prov	vide a picture of) the i	nterior display of spa	ace and tourist info	mation within the c	enter		
i icase	describe (or prov	ride a picture or, the	interior display of spe	ice and tourist info	mation within the c	enter.		
Please	nrovide a list of s	merchandise to be so	ld at the center the b	enefit that merchar	ndise has to the trav	eler and confirm		
Please provide a list of merchandise to be sold at the center, the benefit that merchandise has to the traveler and confirm competitive pricing of the merchandise with other local vendors, if applicable.								



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Please provide a list of any and all commercial establishments attached to the proposed property and level of service it will provide the traveler.					
Please provide a brief operational plan. Describe proposed staffing, which shall include a manager with decision-making authority. Include					
number of full-time and part-time staff, and indicate paid or volunteer staff. Each center is required to be staffed during the stated operating hours.					
Name, title, address, phone number and email of the person preparing this questionnaire.					
If different, provide name, title, address, phone number and email of individual who will be overseeing and managing the operations of the AVIC.					
If different, provide name, title, address, phone number and email of individual who is responsible for ensuring compliance with the Arizona Office of Tourism's visitor center eligibility requirements.					
ATTACH THREE (3) LETTERS OF SUPPORT FOR YOUR VISITOR CENTER APPLICATION. ONE (1) LETTER MUST BE FROM THE AREA'S DESIGNATED MARKETING ORGANIZATION (DMO). IF THE AREA DOES NOT HAVE AN ESTABLISHED DMO, OR IF THE APPLICANT IS THE DMO, THEN A LETTER					

RETURN COMPLETED APPLICATION TO THE ARIZONA OFFICE OF TOURISM VIA ALIX SKELPSA RIDGWAY, ARIDGWAY@TOURISM.AZ.GOV.

FROM THE AREA'S MAYOR, CITY/TOWN MANAGER OR OFFICIAL COMMUNITY LEADERSHIP MUST BE SUBMITTED WITH YOUR APPLICATION.

PLEASE ALLOW FOR 10-14 DAYS FOR PROCESSING AND RESPONSE.